TELEPHONE (312) 258-5500

SCHIFF, HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

Ake Larsson

GROUP ART UNIT: 3761

SERIAL NO.:

10/638,151

EXAMINER: Deborah Leslie Malamud

FILED:

August 8, 2003

CONFIRMATION NO.: 6077

TITLE:

NERVE STIMULATION DEVICE **AMENDMENT "A"**

MAIL STOP AMENDMENT

RE APPLICATION OF:

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Transmitted herewith is an amendment in the above-identified application.

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

☐ No additional fee is required.

The fee has been calculated as shown below.

| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | (6) RATE | (7) ADDITIONAL FEE |
|------------------|--|-------|-------------------------------------|-------------------|---|--------------------------|
| TOTAL CLAIMS | *6 | MINUS | **9 | x | () X 25.00 () X 50.00 | |
| INDEP. CLAIMS | *1 | MINUS | 2 | х | () X 10000 () X 20000 | |
| | mended to contain dependent claims y paid for. | | | (') YES () NO | ()\$180.00 ()\$360.00 ONE TIME | |
| | 0000000 | | TOTAL ADDITIONA FOR THIS AMENDM | | | \$0.0 |

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space. ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated for ____ months so that the period for response is extended to ____. A check in the amount of \$____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

| ı | A check in the amount of \$ is attached. | | | | | | |
|----|---|--|--|--|--|--|--|
| 1 | A check for \$ accompanying IDS under 37 CFR 1.97(c) is attached | | | | | | |
| 1 | A check for \$ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached. | | | | | | |
| | The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any ov | | | | | | |
| | to account No. 501519. A duplicate of this sheet is enclosed. | | | | | | |
| | When phoning re this application, please call (312) 258-5500. | | | | | | |
| | SCHIFF, HARDIN LLP (Customer Number: 26574) | | | | | | |
| | Patent Department | | | | | | |
| | $BY \longrightarrow \mathcal{A}, \mathcal{NSC} (28,982)$ | | | | | | |
| hε | ereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an | | | | | | |
| | relope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on July 12, 2006 | | | | | | |
| | Steven H. Noll | | | | | | |
| | NAME OF APPLICANT'S AUTORNEY) | | | | | | |
| | San A. Moll | | | | | | |
| | SIGNATURE | | | | | | |
| | July 12, 2006 | | | | | | |

DATE

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THE UNITED STATES PATENT AND TRADEMARK OFFICE

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SIR:

In response to the Office Action dated April 13, 2006, Applicant herewith amends the application as follows.